SECTION 3

BIRTHING CENTER SERVICES

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1 GENERAL POLICY

Birthing centers are not specifically identified in federal regulation as covered services for Medicaid clients. However, such facilities have value as specialty units or freestanding facilities specifically designed to provide a low cost alternative to the traditional hospital childbirth experience for a select, low risk population of healthy maternal patients expected to have an uncomplicated pregnancy, labor, delivery and recovery. Birthing Centers must assure quality care and a safe environment and must comply with all federal, state and local laws, rules and regulations.

Birthing center services are intended to be short term. Procedures must be identified for consultation, back-up services, transfer and transport of the mother and newborn to a hospital for continuing care when necessary. Clinical staff, licensed staff and support personnel must be sufficient in number to meet patient needs, ensure patient safety and quality of care. The clinical staff must comply with applicable professional practice laws and written birthing center protocols and must be trained in emergency and resuscitation measures for infants and adults.

Authority for Birthing Center Services is found in Section 1901 et. seq. and Section 1905 of the Social Security Act, and in 42 Code of Federal Regulations 440.90 [October 1, 1996 edition] which is adopted and incorporated by reference. The birthing center must comply with rules found in the Utah Administrative Code R432-550.

1 - 1 Clients Enrolled in a Managed Care Plan

A Medicaid client enrolled in a managed care plan, such as a health maintenance organization (HMO) or Prepaid Mental Health Plan (PMHP), must receive all health care services through that plan. Refer to Section 1, Chapter 5, *Verifying Eligibility*, for information about how to verify a client's enrollment in a plan. For more information about managed health care plans, please refer to Section 1, Chapter 4, Managed Care Plans. Each plan may offer more benefits and/or fewer restrictions than the Medicaid scope of benefits explained in this section of the provider manual. Each plan specifies services which are covered, those which require prior authorization, the process to request authorization and the conditions for authorization.

All questions concerning services covered by or payment from a managed care plan must be directed to the appropriate plan. Medicaid does NOT process prior authorization requests for services to be provided to a Medicaid client who is enrolled in a capitated managed care plan when the services are included in the contract with the plan. Providers requesting prior authorization for services for a client enrolled in a managed care plan will be referred to that plan.

A list of HMOs and PMHPs with which Medicaid has a contract to provide health care services is included as an attachment to this provider manual. Please note that Medicaid staff make every effort to provide complete and accurate information on all inquiries as to a client's enrollment in a managed care plan. Because eligibility information as to which plan the patient must use is available to providers, a fee-for-service claim will not be paid even when information is given in error by Medicaid staff.

1 - 2 Clients NOT Enrolled in a Managed Care Plan (Fee-for-Service Clients)

Medicaid clients who are *not* enrolled in a managed care plan may receive services from any provider who accepts Medicaid. This provider manual explains the conditions of coverage for Medicaid fee-for-service clients.

1 - 3 Definitions

Definitions of terms used in multiple Medicaid programs are in Section 1, Chapter 13, *Definitions.* Definitions particular to the physician program are below.

Birthing Center

A freestanding facility, receiving maternal patients for care during pregnancy, labor, delivery and recovery following delivery.

Birthing Room

A room and environment designed, equipped and arranged to provide for the care of a woman and newborn and to accommodate a support person(s) during the process of vaginal birth.

Certified Nurse-midwife (CNM)

A registered professional nurse who:

Is currently licensed to practice in the state as a registered professional nurse;
Is legally authorized by the state or regulations to practice as a nurse-midwife; and
Has completed a program of study and clinical experience for nurse midwives, as specified by the state.

Clinical Staff

The physician, certified nurse-midwives, and other licensed health care practitioners appointed by the governing authority to practice within the birthing center and governed by rules approved by the governing body.

Consultant

An individual who provides professional services either upon request or on the basis of a prearranged schedule, usually on a contract basis, who is neither a member of the employed staff of the facility or agency, nor whose services are provided within the terms of an affiliation agreement.

Discharge

The point at which the patient's involvement with a facility or agency program comes to a place where active responsibility for care of the patient is terminated.

Free-standing

Existing independently or physically separated from another health care facility by fire walls and doors and administered by separate staff with separate records.

Low Risk Maternal Patient

A woman who is in good general health throughout pregnancy and childbirth and who meets the criteria for low risk birth services as developed by the clinical staff and approved by the governing board and licensing agency for a Birthing Center.

Nursing Care

Assistance provided by or under the direction of licensed nursing personnel, to meet the health care needs of sick, disabled, or recovering individuals.

Patient

A person receiving care in a health care facility or agency.

Recovery

That period or duration of time starting with birth and ending with discharge of mother and infant from the Birthing Center.

Support Person

The individual(s) selected or chosen by a mother to provide emotional support and to assist her during the process of labor and childbirth.

Vaginal Birth

The three stages of labor ending in birth of an infant.

2 COVERED SERVICES

Reimbursement is considered to cover the services listed below in sufficient amount, duration, and scope to provide appropriate, safe quality care to the maternal mother and infant being served in a Birthing Center.

Clinical Staff and Personnel

1. A physician or certified nurse-midwife present at each birth to assess, monitor, and facilitate the labor and delivery process and evaluate and provide care to the maternal patient and newborn into the recovery period.

2. Physicians available by contractual agreement and willing to provide back-up, consultation, and accept referrals on a 24 hour a day basis.

3. Nursing care services planned and delivered by licensed nursing personnel.

4. Licensed personnel and support staff to meet patient needs, ensure patient safety and assure that patients in active labor are attended.

Pharmacy Services

Provided in compliance with the Pharmacy Practice Act, Board of Pharmacy Rules, Controlled Substances Act; and other applicable state and federal laws, rules and regulations.

Anesthesia Services

Facilities and equipment commensurate with the obstetric procedures provided in the facility.

Laboratory and Radiology Services

Direct or contract laboratory, radiology and associated services to meet the needs of patients.

Laboratory services must be provided by a CLIA certified laboratory which meets the requirements of R432-100-26, Utah Administrative Code.

Radiology services must comply with applicable sections of R313-12 - Radiation Control and R432-100-24, Utah Administrative Code.

3 LIMITATIONS

1. Birthing center maternal patients are limited to women determined to be at low maternity risk for a poor pregnancy outcome. Maternal patient risk for obstetric complications is assessed by the clinical staff through careful prenatal screening during the pregnancy. Risk assessments must be documented on established risk forms maintained in the medical record.

2. Service in a birthing center is limited to maternal patients who do not show symptoms of any of the following:

   A. severe anemia or blood dyscrasia;

   B. insulin dependent diabetes;

   C. symptomatic cardiovascular disease, including active thrombophlebitis;

   D. compromised renal function;

   E. substance abuse;

   F. hypertension to include moderate to severe pregnancy-induced hypertension; preeclampsia and toxemia;

   G. genital herpes - suspected or confirmed;

   H. viral infection during pregnancy with potential adverse effects to the fetus;

   I. previous obstetrical complications, previous C-section, or any uterine surgery;

   J. multiple gestation

   K. pre-term labor (36 weeks or less) or post-term gestation

   L. prolonged rupture of membranes;

   M. intrauterine growth retardation;

   N. suspected congenital anomaly;

   O. fetal presentation other than vertex;

   P. oligohydramnios, polyhydramnious, or choriomnionitis;

   Q. abruptio placenta or placenta previa;

   R. fetal distress

   S. need for general anesthesia or other than that normally used in the facility;

   T. any condition identified prenatally with the potential for adverse effects on the maternal patient or infant.

4 BILLING CODE

Bill for a birthing center using the code below. Reimbursement includes all services provided in the birthing center. Clinical staff -- physician or nurse-midwife-- may bill separately using appropriate billing code(s).

Y0615 Facility Charge, Freestanding Birthing Center only

Reminder:
Effective July 1, 1998, Medicaid requires UB-92 claim forms to be billed **electronically**. There are three exceptions to the requirement to bill the original claim electronically:

- - UB-92 claims billed by out-of-state providers
- - Dialysis claims
- - Crossover claims where the Medicare carrier is out of state

Beginning July 1, 1998, Medicaid will return UB-92 claims submitted on a paper form to the provider with a cover letter requesting the claim be submitted electronically.

Refer to Section 2, Chapter 5, **Billing.**